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CORRESPONDENCE

Petersen's hernia after mini (one anastomosis) gastric bypass

Keywords Mini-gastric bypass; One anastomosis gastric bypass; Single anastomosis gastric bypass; Omega loop gastric bypass; Internal hernia; Petersen's hernia; Petersen's space

Dear Editor,

We read with interest this report [1] of Petersen's hernia (PH) after mini (one anastomosis) gastric bypass (MGB/OAGB) published recently in your esteemed journal. Authors of this article suggested that surgeons reconsider whether this case report should lead to a recommendation of routine closure of Petersen's space with MGB/OAGB. This issue was hence debated at length within the community of surgeons routinely performing this operation and we feel obliged to share some of the discussion with your readers, who would have also read this case report.

First of all, we would like to thank the authors for bringing this problem to our attention. It is indeed a serious issue that merits careful consideration. To the best of our knowledge there is only one other case report of PH after MGB/OAGB [2]. This is significant as there are now several thousand published cases [3,4] of this procedure. Moreover signatories of this letter are now aware of 4 more unpublished cases of PH after MGB/OAGB. Since we believe globally more than 30,000 of this procedure have been carried out till date, this translates into a rough incidence of 2/10,000 published cases and 6/30,000 published as well as unpublished cases. It would hence appear that the incidence of PH is approximately 1:5000. This relatively low incidence might explain why none of the large series till date have reported any PH with MGB/OAGB [3,4]. Authors believe that a long pouch and large Petersen's space with MGB/OAGB helps reduce the incidence of PH with MGB/OAGB.

Because it is such a rare condition, we do not believe routine closure of Petersen's space with MGB/OAGB can be recommended at this stage. Moreover the closure may have problems of its own. When surgeons close Petersen's space with Roux-en-Y gastric bypass (RYGB), typically they close the lower part of the space and the space between the Roux limb and the bypassed stomach is left open. Such a closure may actually enhance the incidence of PH with MGB/OAGB by making the space smaller. This might even lead to massive gut infarctions that has not yet been reported after MGB/OAGB but is not unknown after RYGB. In addition, the closure may also predispose to kinks and even leaks; and will make further revisions and reversals difficult, considered one of the biggest advantages of MGB/OAGB. On these grounds, authors further believe it would currently be impractical and indeed ethically unadvisable to carry out a randomized controlled trial to examine routine closure of PH with MGB/OAGB.

Statement on human and animal rights

This article does not contain any studies with human participants or animals performed by any of the authors.

Disclosure of interest

The authors declare that they have no competing interest.

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Abbreviations: PH, Petersen's hernia; MGB/OAGB, mini (one anastomosis) gastric bypass; RYGB, Roux-en-Y gastric bypass.

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